

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5642

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 251 | | PRIMARY REG. DIST. NO. 3046 | | Registrar's No. 51 | |
| 1. PLACE OF DEATH a. COUNTY <u>Nodaway</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marionville</u> | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Fulton</u> c. (Last) <u>Barger</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 1-49</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>11/22/1872</u> | |
| 9. AGE (In years last birthday) <u>76</u> | | 10. MONTHS <u>3</u> | | 11. YEARS <u>8</u> | | 12. IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor M.D.</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Doctor M.D.</u> | | | |
| 11. BIRTHPLACE (State or foreign country) <u>New Hampton Mo</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | | |
| 13a. FATHER'S NAME <u>Alexander Barger</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>Nancy Mowery</u> | | | |
| 14. NAME OF HUSBAND OR WIFE <u>Ruby Pearl</u> | | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | | | 16. SOCIAL SECURITY NO. _____ | | | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>John J. H. Barger</u> | | | | ADDRESS <u>Albany Mo</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis general</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>12/21</u> | | | |
| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION | | | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>Feb 28, 1949</u> , to <u>March 1, 1949</u> , that I last saw the deceased alive on <u>Feb 28, 1949</u> , and that death occurred at <u>6:15 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>W.C. Bannan M.D.</u> | | | | 23b. ADDRESS <u>Marionville Mo</u> | | 23c. DATE SIGNED <u>March 1, 1949</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u> | | 24b. DATE <u>3/3/49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Foster</u> | | 24d. LOCATION (City, town, or county) (State) <u>New Hampton Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>3-2-49</u> | | REGISTRAR'S SIGNATURE <u>Bess Holt</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifford Burke</u> ADDRESS <u>Albany Mo</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Bauman

APR 14 1940

MAR 27 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Chas. H. Burch

Licensed Embalmer No. 3329

P. O. Address. Albany, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.